

Political Organization
Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information

1 Name of organization <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Friends of Krentz</div>	Employer identification number <div style="border-bottom: 1px solid black; padding-bottom: 5px;">pending</div>
2 Mailing address (P.O. Box or number, street, and room or suite number) <div style="border-bottom: 1px solid black; padding-bottom: 5px;">P.O. Box 60</div>	
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">City or town, state, and ZIP code Marine on St. Croix, MN 55047</div>	
3 E-mail address of organization <div style="border-bottom: 1px solid black; padding-bottom: 5px;">senatorjane@hotmail.com</div>	
4a Name of custodian of records <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Bill Bresin</div>	4b Custodian's address <div style="border-bottom: 1px solid black; padding-bottom: 5px;">21363 Inwood Ave</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Forest Lake, MN 55025</div>
5a Name of contact person <div style="border-bottom: 1px solid black; padding-bottom: 5px;">Jane Krentz</div>	5b Contact person's address <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <div style="border-bottom: 1px solid black; padding-bottom: 5px;"></div>	
<div style="border-bottom: 1px solid black; padding-bottom: 5px;">City or town, state, and ZIP code</div>	

Part II Purpose

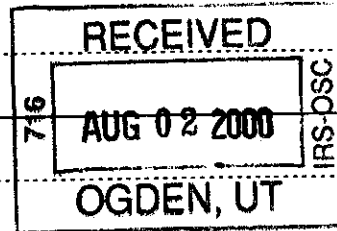
7 Describe the purpose of the organization

Campaign Committee for Senate election

of Jane Krentz

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
N/A		



[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

**Sign
Here**

Signature of authorized official _____

Date _____

